

**Question 1.** Advise on the SF 33. Page no 3 of 70 of the document, how to fill it.

**Answer:** Offeror to populate blocks 12 to 18. Exclude block 14 if there are no amendments to the solicitation document.

**Question 2.** Prices: elaborate Base Year (d x 26)\*\* how are we to place Bi-Weekly Total? Or is it annual premium?

**Answer:** d. Sub-total represents the Extended Bi-Weekly total (a+b+c). The number 26 represents the number of bi-weekly payments in a year. Thus (d x 26) is the annual premium.

**Question 3.** As per the categories : on Category 'C' Provide the maximum families we are quoting for. "...Employee Family (3 or more individuals)..."

**Answer:** The numbers of individuals in section B are estimates subject to the limits in the "Minimum Maximum Amounts" clause and economic price adjustment clause B.4. Based on experience (claims paid vs. claims expected) the rate per category could change over the life of the contract.

**Question 4.** Elaborate on the minimum and maximum amounts, page 7 of 70

**Answer:** The resultant contract for this solicitation will be an IDIQ contract where the government will issue task orders per section H of the solicitation document. (See H.3 Ordering Procedures). The minimum amounts are the lowest number of individuals that may be covered under the resultant contract, and similarly the maximum amounts are the highest number of individuals that may be covered under the contract.

**Question 5.** Are we quoting for the riders? B.1.1. because as per the B.2.2 they are excluded for all the year to the fourth option year \*estimated number of individuals does not include any Riders (B.1.1) \*\*does not include any premiums for Riders. Page 5 of 70- 7 of 70

**Answer:** The premiums quoted will be applicable to all riders mentioned under G. 4.4. However, the total price value \*\* will not include any calculation for riders. See Section M.2. on page 68.

**Question 6.** Kindly provide us with the following details

1. Number of employees and their dependents
2. Mean age of the employees
3. Details of cover i.e. (Inpatient Outpatient Dental/Optical amounts)

**Answer:**

1. Number of employees and their dependents See Exhibit A- Employee Statistics
2. Mean age of the employees See Exhibit A- Employee Statistics
3. Details of cover i.e. (Inpatient Outpatient Dental/Optical amounts. See section C of the solicitation document on page 9.

**Question 7.** Regarding the proposal submission : Typically U.S. Embassies request 3 volumes – Volume 1 containing SF33 and Section K, Volume 2 – Price Proposal ( Section B ) And Volume 3 Technical Proposal ( Including Section C - the benefits covered and information about the offeror ) . Would the U.S. Embassy in Kenya require same structure of the proposal?

**Answer:** [See Section L instructions on page 62.](#)

**Question 8.** Would the Embassy accept proposal in USD, also from non- U.S. companies?

**Answer:** [Yes, we will accept proposals in U.S. Dollars and also accept proposals from non- U.S. Companies. However, this solicitation stipulates that premiums will be paid in local currency.](#)

**Question 9.** Must the bidder be a local insurance company or can we accept proposal from a consortium from international companies (some licensed in off- shore jurisdictions)?

**Answer:** [The Vendors must be licensed to carry out health insurance in country per requirements indicated under section L and M of the solicitation document.](#)

**Question 10.**

1. Please provide five years of loss data (table 1) by year of account including annual net premium (for the same period), incurred claims and membership history. For membership history (Table 2) please provide the number of Employees with single coverage and with family coverage at the end of each year. Please do not include any confidential information, just the overall statistics for the group. Claims information is critical to our pricing and the relationship of claims to employee growth or shrinkage is part of the claims analysis.

Table 1

Contractual year	Total claims paid (local currency)	Retention amount (local currency)	Total premium paid to Insurer (local currency)	Net gain (local currency)	Net gain USD or EUR
dd/mm/2016 – dd/mm/2017					

dd/mm/2017 – dd/mm/2018					
dd/mm/2018 – dd/mm/2019					
dd/mm/2019 – dd/mm/2020					
dd/mm/2020 – dd/mm/2021					

Table 2

Contractual year	Single	Self plus ONE	Family plans
dd/mm/2016 – dd/mm/2017			
dd/mm/2017 – dd/mm/2018			
dd/mm/2018 – dd/mm/2019			
dd/mm/2019 – dd/mm/2020			
dd/mm/2020 – dd/mm/2021			

**Answer:** Please refer to exhibits A through F. This information should be sufficient to calculate required premium rates. This is the information that typically provide to prospective offerors. Any additional data would be proprietary in nature.

See revised table in section B.2

**Question 11.** We would like to know if you have been informed of Catastrophic cases, such as: Hemodynamics, Open Heart Surgery, Orthopedic Mayor Surgeries, Organ Transplant, Traumatic Accident, Cancer and Oncology Cases (Radio and Chemotherapy), and hospitalizations with more than 10 days

**Answer:** Please refer to exhibits A through F. This information should be sufficient to calculate required premium rates. This is the information that typically provide to prospective offerors. Any additional data would be proprietary in nature.

**Question 12.** What is the name if the insurance company that currently provides coverage?

**Answer:** [APA Insurance](#)

**Question 13.** Is there a preferred list of Hospitals, Clinics or other Medical Facilities that the Embassy employees prefer? If yes, please provide a list of these facilities.

**Answer:** [The Insurance company will provide a list of competitive health care service providers. The list should include major hospitals in every part of the country.](#)

**Question 14.** Could you please provide information about the claims you have had outside of Kenya during your current coverage?

**Answer:** [Exhibit F- has claims paid out for the past 3 years and out of country claims are incorporated therein.](#)

**Question 15.** Has there been any changes to the Table of Benefits over the past 5 years?

**Answer:** [No.](#)

**Question 16.** What is the overall Inpatient limit per person?

**Answer:** [See section C of the solicitation document page 9.](#)

**Question 17.** What is the overall Outpatient limit per person?

**Answer:** [See section C of the solicitation document page 9.](#)

**Question 18.** What is the overall maternity benefit per person?

**Answer:** [See section C of the solicitation document page 9.](#)

**Question 19.** Are dental, optical and maternity sub-limits of the outpatient and inpatient?

**Answer:** [See section C of the solicitation document page 9.](#)

**Question 20.** Exhibit A (Section J) lists categories as ‘Employee’, ‘Employee Spouse’ and ‘Dependent Children’, whereas the categories in section B (B.2.3 to B.2.7) are ‘Self (Employee)’, ‘Employee Spouse’ and ‘Employee Family (3 or more individuals)’. Also, Section C.1 also refers to the categories as ‘Self Only’, ‘Self Plus One’ and ‘Family (three or more individuals)’. Please update Section B (B.2.3 to B.2.7) with correct categories and also correct associated counts (i.e. estimated number of individuals column) for each category.

**Answer:** See revised table in section B of the solicitation amendment 1 with the correct categories (i.e. Self, Self Plus One and Family).

**Question 21.** What is the average insured member count for 2017, 2018, and 2019?

**Answer:** The information provided in this solicitation is what typically provided to prospective offerors. See Exhibits A-F

**Question 22.** Under section C, ‘Catastrophic Coverage’ and ‘Out-of-Country Medical Treatment’ are preceded by an Asterisk (\*). What is the relevance of the asterisk? Does it mean these benefits are excluded or optional?

**Answer:** The Asterisk (\*) has no relevance to any exclusions of options. Please ignore.

**Question 23.** When is this plan likely to commence?

**Answer:**

New plans are expected to be effective May 9, 2021

**Question 24.** Does the cover have a deductible?

**Answer:** See section C of the solicitation document page 9.

**Question 25. Catastrophic Coverage** Additional coverage equal to 100% of the annual maximum rate (3,500,000 KES) per person per contract year. Catastrophic conditions shall be defined as major medical conditions occurring as a result of a single illness/accident or closely related set of major illnesses (or conditions relating to a single accident) that exceed the standard maximum coverage limit – Does this cover fall under Group excess cover?

**Answer:** No. Excess coverage is not included in this solicitation.

**Question 26. Out-of-Country Medical Treatment** – Does this coverage have a time limit or an insured can travel abroad for medical cover at will?

**Answer:** Normal pre-authorization process for in country treatment would be required for out of country treatment as well.

**Question 27.** Claims experience for the last three years

**Answer:** Please see exhibit F – claims paid out for the past 3 years. Any additional data would be proprietary in nature.

**Question 28.** Copy of policy document.

**Answer:** The solicitation document covers all policy related information that is required to submit your offer.

**Question 29.** Premiums paid to APA as the current underwriter for the last five years.

**Answer:** This is proprietary information.

**Question 30.** What would make them move to a new insurer e.g. , cover structure , benefits , services, etc.

**Answer:** The USG would move to a new insurer when a contract expires or there is a change in requirements. Considerations for award include technical acceptability, reasonableness and price.

**Question 31.** What changes would they want to see to the new insurer.

**Answer:** USG needs are as detailed in section C of the solicitation document. Award Selection will be made in strict accordance with the solicitation.

**Question 32.** New medical insured budget for the next five years but broken down to each year.

**Answer:** The U.S. Government procurement process requires soliciting for bids from prospective offerors and then obtaining the requisite funding.

**Question 33.** Is this tender open for brokers/ intermediaries or is it an under-writers only tender?

**Answer:** Brokers are allowed to participate in the solicitation with the legal certifications/authorizations.

**Question 34.** What is the value of Liquidated Damages?

**Answer:** This contract does not provide for liquidated damages.

**Question 35.** Who is the existing underwriter?

**Answer:** APA Insurance

**Question 36.** When is the actual renewal of the scheme?

**Answer:** New plans are expected to be effective May 9, 2021.

**Question 37.** The total breakdown of the employees are different on Page 40 as compared to page 5. Kindly clarify which figures to use?

**Answer:** The exhibits represent historical figures while the pricing table starting on page 5 indicates projected numbers.

**Question 38.** On the tender documents page 3(Solicitation, Offer and Award) we note we should fill the areas from number 12 to 18. However kindly advise where to obtain the following:- Rating, Contract No, Requisition / Purchase number and Code under number 7?

**Answer:** The requested information is not available at this time and is not required for the solicitation submission.

**Question 39.** We note that SAM only provides confirmation that we are registered, however, there are some Certifications in SAM which are also required. Kindly advise which on the above is applicable.

**Answer:** See attached SAM registration guide. Reference Section K on SAM requirements.

**Question 40.** Is the group currently insured? If so kindly provide details of the current Insurer / Area of Coverage and Level of cover.

**Answer:** Yes, the Group is covered by APA insurance.

**Question 41.** Is it possible to send us a Census of all members to be covered to include, Names, DOB, Nationality and Country of Residence to enable us prepare an accurate quotation.

**Answer:** No, this information is sensitive and not required to formulate a competitive quotation.

**Question 42.** Please provide clarity – you mentioned a long term contract i.e. 4 years, but please confirm this will be subject to Annual premium rate review?

**Answer:** This is a requirements contract that includes a one-year base year plus four (4) 12-month options. Any rate review will be executed in strict accordance with B.4 Economic Adjustment clause.

**Question 43.** Kindly share with us the claims history for the last three years.

**Answer:** [Reference Exhibit F- claims paid out for the past 3 years](#)

**Question 44.** Question on Eligibility Criteria for participants – Are Insurance brokers licensed by the insurance regulatory authority of Kenya eligible to participate in this solicitation process?

**Answer:**

[Insurance Brokers are allowed to participate in the solicitation with the legal certifications/authorizations.](#)

**Question 45.** Question on Group Life Assurance Cover - Will the Embassy solicit for Group Life Assurance Cover separately or do we expect additional information in this respect?

**Answer:** [This solicitation is only for health insurance. Life & Disability insurance will be solicited separately.](#)

**Question 46.** Please confirm whether registered and licensed Insurance Brokers shall be allowed to participate in the tender, as provided for under the Insurance Act and the Insurance Regulatory Authority.

**Answer:**

[Insurance Brokers are allowed to participate in the solicitation with the legal certifications/authorizations.](#)